

| POSITION | INITIALS | FILE NO. | DATE |
|---------------------------|----------|----------|----------|
| FEES DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | Em | 927 | 12-19-00 |
| RESPONSE FORMALITY REVIEW | | | |

9/6/96, 206

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
|-------|------|
| 1 | |
| 2 | |
| 3 ✓ | |
| 4 | |
| 5 ✓ | |
| 6 ✓ | |
| 7 0 | |
| 8 ✓ | |
| 9 ✓ | |
| 10 ✓ | |
| 11 ✓ | |
| 12 ✓ | |
| 13 ✓ | |
| 14 ✓ | |
| 15 ✓ | |
| 16 0 | |
| 17 ✓ | |
| 18 0 | |
| 19 ✓ | |
| 20 ✓ | |
| 21 ✓ | |
| 22 0 | |
| 23 0 | |
| 24 ✓ | |
| 25 0 | |
| 26 0 | |
| 27 ✓ | |
| 28 0 | |
| 29 D | |
| 30 | |
| 31 | |
| 32 | |
| 33 | |
| 34 | |
| 35 | |
| 36 | |
| 37 | |
| 38 | |
| 39 | |
| 40 | |
| 41 | |
| 42 | |
| 43 | |
| 44 | |
| 45 | |
| 46 | |
| 47 | |
| 48 | |
| 49 | |
| 50 | |

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

BEST AVAILABLE COPY

| Claim | Date |
|-------|------|
| 51 | |
| 52 | |
| 53 | |
| 54 | |
| 55 | |
| 56 | |
| 57 | |
| 58 | |
| 59 | |
| 60 | |
| 61 | |
| 62 | |
| 63 | |
| 64 | |
| 65 | |
| 66 | |
| 67 | |
| 68 | |
| 69 | |
| 70 | |
| 71 | |
| 72 | |
| 73 | |
| 74 | |
| 75 | |
| 76 | |
| 77 | |
| 78 | |
| 79 | |
| 80 | |
| 81 | |
| 82 | |
| 83 | |
| 84 | |
| 85 | |
| 86 | |
| 87 | |
| 88 | |
| 89 | |
| 90 | |
| 91 | |
| 92 | |
| 93 | |
| 94 | |
| 95 | |
| 96 | |
| 97 | |
| 98 | |
| 99 | |
| 100 | |

BEST AVAILABLE COPY